

VSP Enrollment Form for State of California Retirees

Complete this form to enroll if you haven't already enrolled online or by phone.

- 1 Complete, sign and date this form.
- 2 Mail to VSP in the enclosed pre-addressed envelope.

Need to update your contact information?

Please check your contact information above and note changes here:

Enrollment #

Your VSP Coverage

Choose one:

☐ Retiree Only ☐ Retiree + 1 ☐ Retiree + Family

Sign up for VSP

Sept. 17 – Oct. 12, 2007

Coverage effective:

January 1, 2008

Questions?

Call VSP at (800) 877-7195 or
visit vsp.com/go/stateofca

Enrolling in VSP is Easy

Choose **one** of these options:

Online:

Visit vsp.com/go/stateofca and fill out the online enrollment form, **or**

Phone:

Call VSP at (800) 877-7195, **or**

Mail:

Fill out the VSP Enrollment Form below.



Dependent Name (Only list Dependents if you selected "Retiree + 1" or "Retiree + Family.")	Date of Birth (Month/Day/Year)	Relationship to Enrollee (Spouse, Domestic Partner, Child, etc.)

Please read before signing. By signing below, I agree that all information is true and understand that I'm enrolling for a 12-month term from January 1, 2008 through December 31, 2008. I understand that my VSP plan will automatically renew after the 12-month coverage expires unless I specifically elect not to renew. I also acknowledge that enrollment in the plan authorizes the State to deduct monthly vision premiums from my state retirement warrant. I understand that if my state retirement warrant is not adequate to cover the cost of my monthly premiums VSP will bill me directly. I understand that failure to submit premium payment by the legally required due date will result in the termination of my VSP plan benefit.

Enrollee Signature _____ Date: _____

Your vision. Our passion.



Where will your eyes take you today?

Whether it's a day in the life or a day to remember, you'll get the personalized eyecare you deserve with VSP. We help millions of people see well, stay healthy and fulfill their potential.

Value, choice, doctors.

Enrolling in VSP is an easy way to make your life a little better. Here's a snapshot of what you'll enjoy:

- affordable benefits with great savings
- a WellVision ExamSM focused on your health
- plenty of eyewear choices you'll love
- VSP doctors nearby with flexible schedules

A focus on health.

Our private-practice doctors get to know you and your eyes. They do more than a "quick eye check." They take the time to look for vision problems and signs of health conditions, too.

Satisfaction?
You bet. You'll
be 100% happy
or we'll make
it right.

Still not decided?

Get more info and find doctors in your neighborhood at vsp.com/go/stateofca or call us at (800) 877-7195. We'd love to talk with you.

Enroll today. You'll be glad you did.



The State of California and VSP provide you with an affordable eyecare plan. Sign up for VSP today! Visit vsp.com/go/stateofca.

Open Enrollment.....9/17/2007 - 10/12/2007
VSP Coverage Effective.....1/1/2008

Your Coverage from a VSP Doctor

Exam covered in full.....every calendar year

Prescription Glasses

Lenses covered in full...every calendar year

- Single vision, lined bifocal, lined trifocal lenses and tints, including photochromic lenses.

Frame.....every calendar year

- Frame of your choice covered up to \$75.

~OR~

Contact Lens Care.....every calendar year

When you choose contacts instead of glasses, your \$110 allowance applies to the cost of your eye exam, contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts.

Your Copays

Exam \$10

Prescription Glasses..... \$25

Contacts No copay applies

Extra Discounts and Savings

Laser Vision Correction Discounts

Average 15% discount from contracted VSP Laser VisionCare facilities.

Contacts*

15% off cost of contact lens exam (fitting and evaluation).

**Available from any VSP doctor within 12 months from the date of your eye exam*

Your Contribution

Retiree Only \$8.78

Retiree + One Dependent..... \$17.12

Retiree + Family \$18.43

You get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor, you'll receive a lesser benefit and typically pay more out-of-pocket. You're required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement.

Out-of-Network Reimbursement Amounts:

ExamUp to \$35

Lenses:

Single Vision.....Up to \$25

Lined Bifocal.....Up to \$40

Lined Trifocal.....Up to \$50

Tints.....Up to \$5

FrameUp to \$40

ContactsUp to \$110

VSP guarantees service from VSP network doctors only.

In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

Why You'll Love VSP Coverage

	Without VSP*	With VSP
Exam	\$115	\$10
Lenses (lined bifocal)	\$102	\$25
Frame	\$75	
Photochromic Tint (transition lenses)	\$97	Covered in full
Premiums**		\$105.36
Total	\$389	\$140.36

*Based on average national usual and customary fees.

** Based on a calendar year.

64%
savings!

Go to vsp.com/go/stateofca or call (800) 877-7195



Without eyecare coverage, just one office visit for one person can cost \$350 or more. With VSP coverage, you'll save.

